

PRELIMINARY HAZARD LIST (PHL) AND
RISK ASSESSMENT CODE (RAC) VALIDATION

DATE: _____

Project No., Title and Location: _____

Project Cost : \$ _____

Life Safety:

Occupancy Class per Life Safety Code: _____ Area (SF/SM): _____
Number of floors: _____ Approx. Number of Occupants: _____ Are there similar facilities existing at this Activity? Yes ☐ No ☐ (If yes, explain in space below checklist)

HAZARDOUS MATERIALS (USED OR STORED) / HAZARDOUS PROCESSES / HAZARDOUS CONDITIONS

	<u>YES</u>	<u>NO</u>	<u>RAC</u>	<u>EXPLANATION / DESCRIPTION IF YES</u>
Flammable/Combustible Liquids, Gases or Vapors	_____	_____	_____	_____
Toxic Materials	_____	_____	_____	_____
Carcinogens	_____	_____	_____	_____
Acids/Caustics	_____	_____	_____	_____
Other Hazardous Chemicals/Materials	_____	_____	_____	_____
Explosion Potential (Explosives, Blasting Agents)	_____	_____	_____	_____
Potentially Hazardous Pressures	_____	_____	_____	_____
Electrical Hazards	_____	_____	_____	_____
Particulates (Dusts, Fumes, Fibers or Vapors)	_____	_____	_____	_____
Noise/Vibration	_____	_____	_____	_____
Temperature Extremes	_____	_____	_____	_____
Radiation (Ionizing/Non-ionizing)	_____	_____	_____	_____
Cutting, Welding or Hotwork	_____	_____	_____	_____
Machinery (Woodworking, Metal working, Other)	_____	_____	_____	_____
Hoisting Apparatus/Conveyors	_____	_____	_____	_____
Miscellaneous Hazards (Biological, Health, etc.)	_____	_____	_____	_____

ADDITIONAL OSH RELATED INFORMATION (From past experience, similar facilities, code criteria, etc.): _____

FACILITY RAC DETERMINATION PER OPNAVINST 5100.23: ☐

Activity Point of Contact (Name, Code, Phone Number): _____

OSH Professional: _____
(NAME) (CODE) (PHONE NUMBER) (SIGNATURE)